

## Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Identify Yourself

## About Debtor 1:

## 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Michaela**

First name

**Lynn**

Middle name

**Morton-Slater**

Last name and Suffix (Sr., Jr., II, III)

## About Debtor 2 (Spouse Only in a Joint Case):

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name and Suffix (Sr., Jr., II, III) \_\_\_\_\_

## 2. All other names you have used in the last 8 years

Include your married or maiden names.

## 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-3659

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names**About Debtor 1:** I have not used any business name or EINs.**DBA Instacart**

Business name(s)

EIN

**About Debtor 2 (Spouse Only in a Joint Case):** I have not used any business name or EINs.

Business name(s)

EIN

**5. Where you live****2935 E 94th Ct  
Apt 815  
Tulsa, OK 74137-8722**

Number, Street, City, State &amp; ZIP Code

**Tulsa**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**Instacart**

Name of business, if any

**2935 E 94th Ct Apt 815****Tulsa, OK 74137-8722**

Number, Street, City, State &amp; ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

- Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**I am not required to receive a briefing about credit counseling because of:**

- Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Morton-Slater, Michaela Lynn**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
	<input type="checkbox"/> 200-999		
<hr/>			
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Michaela Morton-Slater****Michaela Lynn Morton-Slater**

Signature of Debtor 1

Signature of Debtor 2

Executed on **June 22, 2020**

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Mark Robinson**

Signature of Attorney for Debtor

Date

**June 22, 2020**

MM / DD / YYYY

**Mark Robinson**

Printed name

**Robinson Law Offices PC**

Firm name

**9175 S Yale Ave Ste 250  
Tulsa, OK 74137-4043**

Number, Street, City, State &amp; ZIP Code

Contact phone **(918) 960-0091**

Email address

**mrobinson0228@gmail.com****14621 OK**

Bar number &amp; State

Fill in this information to identify your case and this filing:		
Debtor 1	<b>Michaela Lynn Morton-Slater</b>	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION</u>		
Case number		<input type="checkbox"/> Check if this is an amended filing

**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.  
 Yes. Where is the property?

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make: Ram  
 Model: 1500 2WD  
 Year: 2015  
 Approximate mileage: 67000  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?      Current value of the portion you own?**

\$18,000.00      \$18,000.00

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

\$18,000.00

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

Debtor 1	<b>Morton-Slater, Michaela Lynn</b>	Case number (if known)
<b>6. Household goods and furnishings</b>		
Examples: Major appliances, furniture, linens, china, kitchenware		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">furniture and furnishings for apartment home</div> <span style="float: right;">\$1,500.00</span>		
<b>7. Electronics</b>		
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">TV, computer, phone</div> <span style="float: right;">\$500.00</span>		
<b>8. Collectibles of value</b>		
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.....		
<b>9. Equipment for sports and hobbies</b>		
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.....		
<b>10. Firearms</b>		
Examples: Pistols, rifles, shotguns, ammunition, and related equipment		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">handgun</div> <span style="float: right;">\$300.00</span>		
<b>11. Clothes</b>		
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">womens clothes and shoes</div> <span style="float: right;">\$600.00</span>		
<b>12. Jewelry</b>		
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">costume jewelry</div> <span style="float: right;">\$1,000.00</span>		
<b>13. Non-farm animals</b>		
Examples: Dogs, cats, birds, horses		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.....		
<b>14. Any other personal and household items you did not already list, including any health aids you did not list</b>		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Give specific information..... <div style="border: 1px solid black; padding: 2px; display: inline-block;">Tools</div> <span style="float: right;">\$100.00</span>		
<b>15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....</b>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$4,000.00</div>		

**Part 4: Describe Your Financial Assets**

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes.....

17. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

17.1. **Checking Account** Bank of Oklahoma checking\$400.0018. **Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately.

Type of account:

Institution name:

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No  
 Yes. ....

**Security Deposit on  
Rental Unit**      **Security Deposit: Security Deposit Held By  
Landlord Crown Chase**

\$100.0023. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No  
 Yes.....

Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them...

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$500.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

## 37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6:** **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7:** **Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00**

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....	<b>\$0.00</b>
56. Part 2: Total vehicles, line 5	<b>\$18,000.00</b>
57. Part 3: Total personal and household items, line 15	<b>\$4,000.00</b>
58. Part 4: Total financial assets, line 36	<b>\$500.00</b>
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>
62. Total personal property. Add lines 56 through 61...	<b>\$22,500.00</b>
	Copy personal property total <b>\$22,500.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62	<b>\$22,500.00</b>

## Fill in this information to identify your case:

Debtor 1	<b>Michaela Lynn Morton-Slater</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION	
Case number (if known)			

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
<b>Ram 1500 2WD 2015 67000</b> Line from <i>Schedule A/B</i> 3.1	<b>\$18,000.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(13)</b>
<b>furniture and furnishings for apartment home</b> Line from <i>Schedule A/B</i> 6.1	<b>\$1,500.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(3)</b>
<b>TV, computer, phone</b> Line from <i>Schedule A/B</i> 7.1	<b>\$500.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(3)</b>
<b>handgun</b> Line from <i>Schedule A/B</i> 10.1	<b>\$300.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(14)</b>
<b>womens clothes and shoes</b> Line from <i>Schedule A/B</i> 11.1	<b>\$600.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(7)</b>

Debtor 1	Morton-Slater, Michaela Lynn	Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.
<b>costume jewelry</b> Line from Schedule A/B: <b>12.1</b>	<b>\$1,000.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(8)</b>
<b>Tools</b> Line from Schedule A/B: <b>14.1</b>	<b>\$100.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(14)</b>
<b>Bank of Oklahoma checking</b> Line from Schedule A/B: <b>17.1</b>	<b>\$400.00</b>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>31 Okla. St. § 1(A)(18)</b>

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No  
 Yes

## Fill in this information to identify your case:

Debtor 1	<b>Michaela Lynn Morton-Slater</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION	
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	<b>Gateway One Lending &amp; Finance</b>  175 N Riverview Dr Ste 100 Anaheim, CA 92808-1225  Number, Street, City, State & Zip Code	2015 Ram 1500 2WD	\$20,997.00	\$18,000.00	\$2,997.00
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

Date debt was incurred 2017-06 Last 4 digits of account number 4653

Add the dollar value of your entries in Column A on this page. Write that number here:

\$20,997.00

If this is the last page of your form, add the dollar value totals from all pages.

\$20,997.00

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Michaela Lynn Morton-Slater</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION	
Case number (if known)			

Check if this is an  
amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	Last 4 digits of account number	<b>Mult</b>	<b>\$6,113.68</b>
	Priority Creditor's Name	<b>\$6,113.68</b>	
	<b>Internal Revenue Service</b>	<b>\$0.00</b>	
	Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	

Debtor 1 <u>Morton-Slater, Michaela Lynn</u>	Case number (if known)
2.2 <u>Oklahoma Tax Commission</u> Priority Creditor's Name <b>Income Tax Accounts Section</b> <b>2501 N Lincoln Blvd</b> <b>Oklahoma City, OK 73194-1000</b> Number Street City State Zip Code	Last 4 digits of account number <u>\$500.00</u> <u>\$500.00</u> <u>\$0.00</u>
Who incurred the debt? Check one.	When was the debt incurred?
<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed
<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:
Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government
<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated
	<input type="checkbox"/> Other. Specify <u>  </u>

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1 <u>Alternative Revenue Systems</u> Nonpriority Creditor's Name <b>9250 E Costilla Ave Ste 130</b> <b>Greenwood Village, CO 80112-3662</b> Number Street City State Zip Code	Last 4 digits of account number	<u>\$129.54</u>
Who incurred the debt? Check one.	When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?	<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Other. Specify <u>TFC Bank in Colorado Springs</u>	

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.2</div>	<b>Ashworth</b> Nonpriority Creditor's Name	Last 4 digits of account number _____ <b>\$725.63</b>
<b>135 Interstate Blvd</b> <b>Greenville, SC 29615-5720</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

  

<div style="border: 1px solid black; padding: 2px;">4.3</div>	<b>AT&amp;T Mobility</b> Nonpriority Creditor's Name	Last 4 digits of account number _____ <b>\$693.99</b>
<b>PO Box 536216</b> <b>Atlanta, GA 30353-6216</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

  

<div style="border: 1px solid black; padding: 2px;">4.4</div>	<b>Bryant State Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 215</b> <b>Bryant, SD 57221-0215</b> Number Street City State Zip Code	Last 4 digits of account number <b>6884</b> <b>\$560.00</b>
<b>When was the debt incurred?</b> <b>2017-12</b>		
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Show</b> _____		

Debtor 1 <u>Morton-Slater, Michaela Lynn</u>	Case number (if known)
<hr/>	
4.5 <b>Capital One Bank</b> Nonpriority Creditor's Name	Last 4 digits of account number
<b>PO Box 510987</b> <b>Livonia, MI 48151-6987</b>	
Number Street City State Zip Code	<b>\$460.06</b>
<b>Who incurred the debt?</b> Check one.	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____
<hr/>	
4.6 <b>City of Tulsa</b> Nonpriority Creditor's Name	Last 4 digits of account number
<b>175 E 2nd St Ste 860</b> <b>Tulsa, OK 74103-3217</b>	<b>\$173.56</b>
Number Street City State Zip Code	
<b>Who incurred the debt?</b> Check one.	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____
<hr/>	
4.7 <b>Colorado State</b> Nonpriority Creditor's Name	Last 4 digits of account number
<b>1375 Sherman St</b> <b>Denver, CO 80261-3000</b>	<b>\$234.00</b>
Number Street City State Zip Code	
<b>Who incurred the debt?</b> Check one.	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____

Debtor 1	<u>Morton-Slater, Michaela Lynn</u>	Case number (if known)	
4.8	<p><u>Continental Finance Company</u> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 8099</b> <b>Newark, DE 19714-8099</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><u>0712</u></p> <p>When was the debt incurred?</p> <p><u>2015-11</u></p>	<p><b>\$1,006.00</b></p>
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Verve</u></p>		
4.9	<p><u>Convergent Outsourcing, Inc.</u> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 9004</b> <b>Renton, WA 98057-9004</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><u>Mult</u></p> <p>When was the debt incurred?</p>	<p><b>\$791.67</b></p>
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>T-Mobile USA, American Electric Power Service</u></p>		
4.10	<p><u>Cox Communications</u> Nonpriority Creditor's Name <b>PO Box 1022</b> <b>Wixom, MI 48393-1022</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	<p><b>\$368.37</b></p>
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>		

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

4.11	<b>Department of Education/Nelnet</b> Nonpriority Creditor's Name <b>Attn: Claims</b> <b>PO Box 82505</b> <b>Lincoln, NE 68501-2505</b> Number Street City State Zip Code	Last 4 digits of account number	<b>Mult</b>	<b>\$41,346.00</b>
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply				
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____				
<b>Installment account</b>				
4.12	<b>Dillards</b> Nonpriority Creditor's Name <b>5770 NW Expressway Ste 102</b> <b>Oklahoma City, OK 73132-5238</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$1,067.42</b>	
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply				
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				
4.13	<b>Fingerhut</b> Nonpriority Creditor's Name <b>351 Camino De La Reina</b> <b>San Diego, CA 92101</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$416.22</b>	
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1	<b>Morton-Slater, Michaela Lynn</b>	Case number (if known)	
4.14	<b>First National Bank/Legacy</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 5097</b> <b>Sioux Falls, SD 57117-5097</b> Number Street City State Zip Code	Last 4 digits of account number <b>1558</b>  When was the debt incurred? <b>2017-12</b>	<b>\$556.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Revolving account</b>			
4.15	<b>First Premier Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 5524</b> <b>Sioux Falls, SD 57117-5524</b> Number Street City State Zip Code	Last 4 digits of account number <b>Mult</b>  When was the debt incurred?	<b>\$1,591.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Revolving account</b>			
4.16	<b>First Savings Bank/Blaze</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 5096</b> <b>Sioux Falls, SD 57117-5096</b> Number Street City State Zip Code	Last 4 digits of account number <b>1793</b>  When was the debt incurred? <b>2017-12</b>	<b>\$530.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Revolving account</b>			

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.17</div>	<p><b>Genesis</b> Nonpriority Creditor's Name</p> <p><b>PO Box 4477</b> <b>Beaverton, OR 97076-4401</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$979.00</b></p>
<p><b>4.18</b></p> <p><b>IC Systems</b> Nonpriority Creditor's Name</p> <p><b>PO Box 64437</b> <b>Saint Paul, MN 55164-0437</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>PSO of Tulsa</b> _____</p>		<p><b>\$173.56</b></p>
<p><b>4.19</b></p> <p><b>JP Morgan Chase Bank</b> Nonpriority Creditor's Name</p> <p><b>PO Box 64378</b> <b>Saint Paul, MN 55164-0378</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>		<p><b>\$1,025.38</b></p>

Debtor 1	<u>Morton-Slater, Michaela Lynn</u>	Case number (if known)	
4.20	<b>Lvnv Funding/Resurgent Capital</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 10497</b> <b>Greenville, SC 29603-0497</b> Number Street City State Zip Code	Last 4 digits of account number <b>Mult</b>  When was the debt incurred?	<b>\$2,301.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <b>Comenity Bank the Buckle, Credit One Bank, Comenity Bank Victorias Secret</b>			
4.21	<b>Machol &amp; Johannes LLC</b> Nonpriority Creditor's Name <b>700 17th St Ste 200</b> <b>Denver, CO 80202-3558</b> Number Street City State Zip Code	Last 4 digits of account number  When was the debt incurred?	<b>\$1,048.55</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify _____			
4.22	<b>Memorial Health System</b> Nonpriority Creditor's Name <b>4050 Briargate Pkwy</b> <b>Colorado Springs, CO 80920-7815</b> Number Street City State Zip Code	Last 4 digits of account number  When was the debt incurred?	<b>\$442.64</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify _____			

4.23	<p><b>Debtor 1</b> <u>Morton-Slater, Michaela Lynn</u></p> <p><b>Nonpriority Creditor's Name</b>  <b>Attn: Bankruptcy</b>  <b>PO Box 9201</b>  <b>Old Bethpage, NY 11804-9001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>9391</u></p> <p><b>When was the debt incurred?</b> <u>2017-03</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u></p>	<p><b>Case number (if known)</b> _____</p> <p><b>\$1,280.00</b></p>
4.24	<p><b>Nonpriority Creditor's Name</b>  <b>Oklahoma Natural Gas</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$515.58</b></p>
4.25	<p><b>Nonpriority Creditor's Name</b>  <b>Orchard Bank</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$451.98</b></p>

Debtor 1	<u>Morton-Slater, Michaela Lynn</u>	Case number (if known)	
4.26	<b>Resurgent Capital Services</b> Nonpriority Creditor's Name <b>PO Box 10587</b> <b>Greenville, SC 29603-0587</b> Number Street City State Zip Code	Last 4 digits of account number <u>9133</u> When was the debt incurred? <u>2016-03</u>	<u>\$319.00</u>
	<b>As of the date you file, the claim is:</b> Check all that apply		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Mid America Bank Trust Company; First Access</u>		
4.27	<b>Rooms for Today</b> Nonpriority Creditor's Name <b>3500 S Sheridan Rd</b> <b>Tulsa, OK 74145-1107</b> Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____	<u>\$1,119.14</u>
	<b>As of the date you file, the claim is:</b> Check all that apply		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.28	<b>Santander Consumer USA</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy 10-64-38-FD7</b> <b>601 Penn St</b> <b>Reading, PA 19601-3544</b> Number Street City State Zip Code	Last 4 digits of account number <u>1000</u> When was the debt incurred? <u>2012-07</u>	<u>\$5,269.00</u>
	<b>As of the date you file, the claim is:</b> Check all that apply		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>2012 Chevy Cruse that was totaled</u>		



Debtor 1	<u>Morton-Slater, Michaela Lynn</u>	Case number (if known)	
4.32	<p><b>St. John Clinic</b> Nonpriority Creditor's Name</p> <p><b>PO Box 14099</b> <b>Belfast, ME 04915-4034</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$25.00</b>
4.33	<p><b>Synchrony Bank</b> Nonpriority Creditor's Name</p> <p><b>Attn: Bankruptcy Dept</b> <b>PO Box 965060</b> <b>Orlando, FL 32896-5060</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Care Credit, Walmart</b></p>	<b>\$1,794.00</b>
4.34	<p><b>Target</b> Nonpriority Creditor's Name</p> <p><b>PO Box 660170</b> <b>Dallas, TX 75266-0170</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$486.00</b>

Debtor 1	<b>Morton-Slater, Michaela Lynn</b>	Case number (if known)	
4.35	<b>Total Visa/Bank of Missouri</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 85710</b> <b>Sioux Falls, SD 57118-5710</b> Number Street City State Zip Code	Last 4 digits of account number <b>9520</b> When was the debt incurred? <b>2018-02</b>	<b>\$471.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify <b>Revolving account</b>			
4.36	<b>Tulsa Bone and Joint</b> Nonpriority Creditor's Name <b>4802 S 109th East Ave</b> <b>Tulsa, OK 74146-5822</b> Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred?	<b>\$212.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify _____			
4.37	<b>Tulsa Radiology</b> Nonpriority Creditor's Name <b>PO Box 4939</b> <b>Tulsa, OK 74159-0939</b> Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred?	<b>\$89.25</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<b>Who incurred the debt?</b> Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.38</div>	<b>Urologic Specialists</b> Nonpriority Creditor's Name	Last 4 digits of account number _____ <b>\$40.00</b>
<b>10901 E 48th St</b> <b>Tulsa, OK 74146-5830</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

  

<div style="border: 1px solid black; padding: 2px;">4.39</div>	<b>US Cellular</b> Nonpriority Creditor's Name	Last 4 digits of account number _____ <b>\$581.37</b>
<b>2325 E 71st St</b> <b>Tulsa, OK 74136-5414</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

  

<div style="border: 1px solid black; padding: 2px;">4.40</div>	<b>Velocity Investments</b> Nonpriority Creditor's Name	Last 4 digits of account number _____ <b>\$2,833.11</b>
<b>PO Box 788</b> <b>Wall, NJ 07719-0788</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
<b>Is the claim subject to offset?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 <b>Morton-Slater, Michaela Lynn</b>	Case number (if known)
4.41 <b>Women's Health</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>Mult</b>
<b>PO Box 268840</b> <b>Oklahoma City, OK 73126-8840</b> Number Street City State Zip Code	When was the debt incurred?
<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>Afni</b> <b>PO Box 3427</b> <b>Bloomington, IL 61702-3427</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.3</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Name and Address <b>Alliance One</b> <b>4850 E Street Rd Ste 300</b> <b>Trevose, PA 19053-6643</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.34</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Name and Address <b>Allied Interstate</b> <b>PO Box 361445</b> <b>Columbus, OH 43236-1445</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.33</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>Mult</b>

Name and Address <b>American Coradius International</b> <b>LLC</b> <b>2420 Sweet Home Rd Ste 150</b> <b>Amherst, NY 14228-2244</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.19</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Name and Address <b>Berlin Wheeler Inc</b> <b>PO Box 479</b> <b>Topeka, KS 66601-0479</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.24</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Name and Address <b>Cach, LLC - Resurgent Capital</b> <b>PO Box 1269</b> <b>Greenville, SC 29602</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.17</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Name and Address <b>Carson Smithfield LLC</b> <b>PO Box 9216</b> <b>Old Bethpage, NY 11804-9016</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.23</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>9391</b>

Debtor 1 <b>Morton-Slater, Michaela Lynn</b>	Case number (if known)
Name and Address <b>CBCS</b> <b>PO Box 163729</b> <b>Columbus, OH 43216-3729</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.9</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number <b>Mult</b>	
Name and Address <b>Convergent Outsourcing Inc</b> <b>PO Box 9004</b> <b>Renton, WA 98057-9004</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.10</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number	
Name and Address <b>Credit Control</b> <b>5757 Phantom Dr Ste 330</b> <b>Hazelwood, MO 63042-2429</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.20</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number <b>Mult</b>	
Name and Address <b>Credit Service Company</b> <b>PO Box 1120</b> <b>Colorado Springs, CO 80901-1120</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.22</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number	
Name and Address <b>Dynamic Recovery Service</b> <b>135 Interstate Blvd</b> <b>Greenville, SC 29615-5720</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.2</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number	
Name and Address <b>Dynamic Recovery Solutions</b> <b>135 Interstate Blvd</b> <b>Greenville, SC 29615-5720</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.20</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number <b>Mult</b>	
Name and Address <b>Equidata</b> <b>PO Box 6610</b> <b>Newport News, VA 23606-0610</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.10</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number	
Name and Address <b>ERC</b> <b>PO Box 23870</b> <b>Jacksonville, FL 32241-3870</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.9</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number <b>Mult</b>	
Name and Address <b>First Source Advantage LLC</b> <b>PO Box 628</b> <b>Buffalo, NY 14240-0628</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.34</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number	
Name and Address <b>First Source Advantage LLC</b> <b>205 Bryant Woods S</b> <b>Amherst, NY 14228-3609</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.12</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number	
Name and Address <b>Global</b> <b>PO Box 129</b> <b>Linden, MI 48451-0129</b>	
On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.17</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number	
Name and Address	
On which entry in Part 1 or Part 2 did you list the original creditor?	

Debtor 1 **Morton-Slater, Michaela Lynn**

Case number (if known) \_\_\_\_\_

**IC System**  
**PO Box 64378**  
**Saint Paul, MN 55164-0378**Line **4.9** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Mult**Name and Address  
**IC System Inc.**  
**PO Box 64378**  
**Saint Paul, MN 55164-0378**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**LHR**  
**35A Rust Ln**  
**Boerne, TX 78006-8202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Love Beal & Nixon**  
**PO Box 32738**  
**Oklahoma City, OK 73123-0938**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Love Beal & Nixon**  
**PO Box 32738**  
**Oklahoma City, OK 73123-0938**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**LTD**  
**FinancialServicesLimitedPartnershi**  
**p**  
**3200 Wilcrest Dr Ste 600**  
**Houston, TX 77042-6000**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1558**Name and Address  
**LTD**  
**FinancialServicesLimitedPartnershi**  
**p**  
**3200 Wilcrest Dr Ste 600**  
**Houston, TX 77042-6000**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1793**Name and Address  
**Midland Credit Management Inc**  
**2365 Northside Dr Ste 300**  
**San Diego, CA 92108-2709**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Millenium Financial Group**  
**5770 NW Expressway Ste 102**  
**Oklahoma City, OK 73132-5238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Northland Group, Inc.**  
**PO Box 390846**  
**Minneapolis, MN 55439-0846**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**On Line Collections**  
**PO Box 1489**  
**Winterville, NC 28590-1489**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Mult**

Debtor 1 **Morton-Slater, Michaela Lynn**

Case number (if known) \_\_\_\_\_

Name and Address

**Progressive**  
**11629 S 700 E Ste 250**  
**Draper, UT 84020-8399**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Rausch Sturm Israel Emerson &**  
**Hornik LLC**  
**5200 S Yale Ave Ste 505**  
**Tulsa, OK 74135-7490**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Mult**

Name and Address

**Sequium Asset Solutions LLC**  
**1130 Northchase Pkwy SE Ste 150**  
**Marietta, GA 30067-6429**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1793**

Name and Address

**United Recovery Systems**  
**PO Box 722929**  
**Houston, TX 77272-2929**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Works & Lenz Inc.**  
**1437 S Boulder Ave Ste 900**  
**Tulsa, OK 74119-3618**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>
<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a. \$ <b>0.00</b>
	6b. <b>Taxes and certain other debts you owe the government</b>	6b. \$ <b>6,613.68</b>
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c. \$ <b>0.00</b>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
	6e. <b>Total Priority.</b> Add lines 6a through 6d.	6e. \$ <b>6,613.68</b>
<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f. \$ <b>41,346.00</b>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <b>0.00</b>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <b>0.00</b>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>34,242.77</b>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j. \$ <b>75,588.77</b>

<b>Fill in this information to identify your case:</b>		
Debtor 1	<b>Michaela Lynn Morton-Slater</b>	
	First Name	Middle Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION	
Case number (if known)		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property*(Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Crown Chase 2935 E 94th Ct Apt 815 Tulsa, OK 74137-8722	1 bedroom apartment, 5/25/18 to 5/25/20

## Fill in this information to identify your case:

Debtor 1	<b>Michaela Lynn Morton-Slater</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION	
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Michaela Lynn Morton-Slater</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION</u>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

#### Debtor 1

Employed  
 Not employed

#### Debtor 2 or non-filing spouse

Employed  
 Not employed

#### Occupation

Account Specialist

#### Employer's name

Brookhaven Hospital

#### Employer's address

201 S Garnett Rd  
Tulsa, OK 74128-1805

#### How long employed there?

6 years and 5 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,246.73</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>151.75</u>	+\$ <u>N/A</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>3,398.48</u>	\$ <u>N/A</u>

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b> .....	4. \$ <u>3,398.48</u>	\$ <u>N/A</u>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <u>458.43</u>	\$ <u>N/A</u>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <u>0.00</u>	\$ <u>N/A</u>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <u>88.96</u>	\$ <u>N/A</u>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <u>21.47</u>	\$ <u>N/A</u>
5e. <b>Insurance</b>	5e. \$ <u>519.22</u>	\$ <u>N/A</u>
5f. <b>Domestic support obligations</b>	5f. \$ <u>0.00</u>	\$ <u>N/A</u>
5g. <b>Union dues</b>	5g. \$ <u>0.00</u>	\$ <u>N/A</u>
5h. <b>Other deductions.</b> Specify: _____	5h.+ \$ <u>0.00</u>	+ \$ <u>N/A</u>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>1,088.08</u>	\$ <u>N/A</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <u>2,310.40</u>	\$ <u>N/A</u>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>107.00</u>	\$ <u>N/A</u>
8b. <b>Interest and dividends</b>	8b. \$ <u>0.00</u>	\$ <u>N/A</u>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>N/A</u>
8d. <b>Unemployment compensation</b>	8d. \$ <u>0.00</u>	\$ <u>N/A</u>
8e. <b>Social Security</b>	8e. \$ <u>0.00</u>	\$ <u>N/A</u>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>N/A</u>
8g. <b>Pension or retirement income</b>	8g. \$ <u>0.00</u>	\$ <u>N/A</u>
8h. <b>Other monthly income.</b> Specify: _____	8h.+ \$ <u>0.00</u>	+ \$ <u>N/A</u>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>107.00</u>	\$ <u>N/A</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>2,417.40</u>	+ \$ <u>N/A</u> = \$ <u>2,417.40</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u>0.00</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>2,417.40</u>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. Explain: _____	
<b>Combined monthly income</b>		

**United States Bankruptcy Court  
Northern District of Oklahoma, Tulsa Division**

**IN RE:****Morton-Slater, Michaela Lynn**

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (Note: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ \_\_\_\_\_

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income: \$ 1,211.00

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor)	\$ _____
4. Payroll Taxes	\$ _____
5. Unemployment Taxes	\$ _____
6. Worker's Compensation	\$ _____
7. Other Taxes	\$ _____
8. Inventory Purchases (Including raw materials)	\$ _____
9. Purchase of Feed/Fertilizer/Seed/Spray	\$ _____
10. Rent (Other than debtor's principal residence)	\$ _____
11. Utilities	\$ _____
12. Office Expenses and Supplies	\$ <u>62.00</u>
13. Repairs and Maintenance	\$ <u>46.00</u>
14. Vehicle Expenses	\$ <u>350.00</u>
15. Travel and Entertainment	\$ _____
16. Equipment Rental and Leases	\$ _____
17. Legal/Accounting/Other Professional Fees	\$ _____
18. Insurance	\$ <u>138.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	\$ _____
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify):	\$ _____
21. Other (Specify): <b>food</b> <b>telephone</b>	\$ <u>508.00</u>
22. Total Monthly Expenses (Add items 3-21)	\$ <u>1,104.00</u>

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME**

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2) \$ 107.00

Fill in this information to identify your case:

Debtor 1	<b>Michaela Lynn Morton-Slater</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

## 1. Is this a joint case?

No. Go to line 2.  
 Yes. **Does Debtor 2 live in a separate household?**

No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents?  No

Do not list Debtor 1 and  Yes. Fill out this information for each dependent.....

Do not state the dependents names.

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?  No  
 Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **673.00****Your expenses**

## If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>17.00</b>
4c. \$	<b>0.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>40.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>110.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>240.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>50.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>60.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>20.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>240.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>40.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>27.00</u>	
15c. Vehicle insurance	15c. \$ <u>137.00</u>	
15d. Other insurance. Specify: <u>Cancer Insurance</u>	15d. \$ <u>27.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$ <u>542.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>2,423.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,423.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>2,423.00</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,417.40</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,423.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>-5.60</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

## Fill in this information to identify your case:

Debtor 1	<b>Michaela Lynn Morton-Slater</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Michaela Morton-Slater  
**Michaela Lynn Morton-Slater**  
 Signature of Debtor 1

Date June 22, 2020

X \_\_\_\_\_  
 Signature of Debtor 2

Date \_\_\_\_\_

Fill in this information to identify your case:		
Debtor 1	<b>Michaela Lynn Morton-Slater</b>	
	First Name	Middle Name
Debtor 2 (Spouse if, filing)	Last Name	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION	
Case number (if known)		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>22,500.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>22,500.00</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>20,997.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>6,613.68</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>75,588.77</b>
		<b>Your total liabilities</b> \$ <b>103,199.45</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>2,417.40</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>2,423.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,012.42

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>6,613.68</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>41,346.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>47,959.68</u>

<b>Fill in this information to identify your case:</b>		
Debtor 1	<b>Michaela Lynn Morton-Slater</b>	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION	
Case number (if known)		

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **Gateway One Lending & Finance**  
Description of property:

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:  
Retain and pay pursuant to contract

No

Yes

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	<input type="checkbox"/> No
Description of leased Property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased Property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No

Debtor 1 Morton-Slater, Michaela Lynn Case number (if known) \_\_\_\_\_Description of leased Property:  YesLessor's name:  NoDescription of leased Property:  Yes**Part 3: Sign Below****Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**X /s/ Michaela Morton-Slater \_\_\_\_\_ X \_\_\_\_\_  
Michaela Lynn Morton-Slater  
Signature of Debtor 1  
Signature of Debtor 2Date June 22, 2020 \_\_\_\_\_ Date \_\_\_\_\_

<b>Fill in this information to identify your case:</b>			
Debtor 1	<b>Michaela Lynn Morton-Slater</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OKLAHOMA, TULSA DIVISION		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
5138 E 92nd st Tulsa, OK 74137	From-To: 3/2012 - 5/2018	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From-To:

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$15,638.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

Debtor 1 **Morton-Slater, Michaela Lynn**

Case number (if known) \_\_\_\_\_

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2019 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$31,123.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$39,362.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>INSTACART</b>	<b>\$811.92</b>		
<b>For last calendar year:</b> <b>(January 1 to December 31, 2019 )</b>	<b>INSTACART</b>	<b>\$3,389.26</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<b>Creditor's Name and Address</b>	<b>Dates of payment</b>	<b>Total amount paid</b>	<b>Amount you still owe</b>	<b>Was this payment for ...</b>

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Synchrony Bank v Michaela Slater CS-2019-08820	Indebtedness	District Court Tulsa County 500 S Denver Ave Tulsa, OK 74103-3838	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

dismissed 1/29/20

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?** No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?** No Yes

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**Part 5: List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

**Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

**Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Robinson Law Offices PC 9175 S Yale Ave Ste 250 Tulsa, OK 74137-4043		5/1/2020	\$999.00

Access Counseling, Inc. 633 W 5th St Ste 26001 Los Angeles, CA 90071-2005	1/27/2020	\$18.99
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17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

Debtor 1 **Morton-Slater, Michaela Lynn**

Case number (if known) \_\_\_\_\_

**transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

controlling the cleanup of these substances, wastes, or material.

**Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

**Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership

An officer, director, or managing executive of a corporation

An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Instacart 2935 E 94th Ct Apt 815 Tulsa, OK 74137-8722	part time grocery delivery	Dates business existed EIN: From-To 9/2019 to present

Debtor 1 Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name  
 Address  
 (Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ Michaela Morton-Slater*

Michaela Lynn Morton-Slater  
 Signature of Debtor 1

Signature of Debtor 2

Date June 22, 2020

Date \_\_\_\_\_

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Michaela Lynn Morton-Slater</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	Northern District of Oklahoma, Tulsa Division
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

 Check if this is an amended filing**Official Form 122A - 1****Chapter 7 Statement of Your Current Monthly Income**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status? Check one only.** **Not married.** Fill out Column A, lines 2-11. **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11. **Married and your spouse is NOT filing with you. You and your spouse are:** **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11. **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

**2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).**

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

\$ <u>2,990.26</u>	\$ _____
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**3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.**

\$ <u>0.00</u>	\$ _____
----------------	----------

**4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3**

\$ <u>0.00</u>	\$ _____
----------------	----------

**5. Net income from operating a business, profession, or farm****Debtor 1**

Gross receipts (before all deductions)	\$ <u>387.49</u>	
Ordinary and necessary operating expenses	-\$ <u>365.33</u>	
Net monthly income from a business, profession, or farm	\$ <u>22.16</u>	Copy here -> \$ <u>22.16</u>

**6. Net income from rental and other real property****Debtor 1**

Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

**7. Interest, dividends, and royalties**

Debtor 1

Morton-Slater, Michaela Lynn

Case number (if known) \_\_\_\_\_

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
 For your spouse ..... \$ \_\_\_\_\_

**Column A  
Debtor 1****Column B  
Debtor 2 or  
non-filing spouse**\$ **0.00**

\$ \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

..... \$ **0.00** \$ \_\_\_\_\_  
 ..... \$ **0.00** \$ \_\_\_\_\_

Total amounts from separate pages, if any.

+ \$ **0.00** \$ \_\_\_\_\_**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>3,012.42</b>	+ \$ _____	= \$ <b>3,012.42</b>
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Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 ..... Copy line 11 here=>\$ **3,012.42**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ **36,149.04**

x 12

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**OK**

Fill in the number of people in your household.

**1**

Fill in the median family income for your state and size of household.

13. \$ **49,198.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1*There is no presumption of abuse*.  
 Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2*The presumption of abuse is determined by Form 122A-2*.  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Michaela Morton-Slater**

Debtor 1

**Morton-Slater, Michaela Lynn**

Case number (if known)

**Michaela Lynn Morton-Slater**

Signature of Debtor 1

Date June 22, 2020

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

United States Bankruptcy Court  
Northern District of Oklahoma, Tulsa Division

IN RE:

Morton-Slater, Michaela Lynn

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**VERIFICATION AS TO OFFICIAL MAILING MATRIX**

Original  
 Amendment  
 Add     Delete

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on the Creditor List Submission application, or uploaded to the Electronic Case Filing System is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

**If this filing is an amendment to the creditor list, indicate only the number of creditors being added or to be deleted at this time. (For verification purposes, attach a list of the creditors being submitted, uploaded, or to be deleted.)**

\_\_\_\_ 77 # of Creditors (or if amended, # of creditors added)

Method of submission:

(a)  uploaded to Electronic Case Filing System; or  
(b) \_\_\_\_ Creditor List Submission application (to be used by Pro Se filers, Found on the Court's website at [www.oknb.uscourts.gov](http://www.oknb.uscourts.gov), or available in the Clerk's Office)

\_\_\_\_ # of Creditors (on attached list) to be deleted

/s/ Michaela Morton-Slater

Debtor

Joint Debtor

/s/ Mark Robinson

Attorney

Mark Robinson 14621 OK  
Robinson Law Offices PC  
9175 S Yale Ave Ste 250  
Tulsa, OK 74137-4043  
(918) 960-0091 Fax: (918) 346-6600  
mrobinson0228@gmail.com

Date: June 22, 2020

[Check if applicable]

\_\_\_\_ Creditor(s) with foreign addresses included

Afni  
PO Box 3427  
Bloomington, IL 61702-3427

Alliance One  
4850 E Street Rd Ste 300  
Trevose, PA 19053-6643

Allied Interstate  
PO Box 361445  
Columbus, OH 43236-1445

Alternative Revenue Systems  
9250 E Costilla Ave Ste 130  
Greenwood Village, CO 80112-3662

American Coradius International LLC  
2420 Sweet Home Rd Ste 150  
Amherst, NY 14228-2244

Ashworth  
135 Interstate Blvd  
Greenville, SC 29615-5720

AT&T Mobility  
PO Box 536216  
Atlanta, GA 30353-6216

Berlin Wheeler Inc  
PO Box 479  
Topeka, KS 66601-0479

Bryant State Bank  
Attn: Bankruptcy  
PO Box 215  
Bryant, SD 57221-0215

Cach, LLC - Resurgent Capital  
PO Box 1269  
Greenville, SC 29602

Capital One Bank  
PO Box 510987  
Livonia, MI 48151-6987

Carson Smithfield LLC  
PO Box 9216  
Old Bethpage, NY 11804-9016

CBCS  
PO Box 163729  
Columbus, OH 43216-3729

City of Tulsa  
175 E 2nd St Ste 860  
Tulsa, OK 74103-3217

Colorado State  
1375 Sherman St  
Denver, CO 80261-3000

Continental Finance Company  
Attn: Bankruptcy  
PO Box 8099  
Newark, DE 19714-8099

Convergent Outsourcing Inc  
PO Box 9004  
Renton, WA 98057-9004

Convergent Outsourcing, Inc.  
Attn: Bankruptcy  
PO Box 9004  
Renton, WA 98057-9004

Cox Communications  
PO Box 1022  
Wixom, MI 48393-1022

Credit Control  
5757 Phantom Dr Ste 330  
Hazelwood, MO 63042-2429

Credit Service Company  
PO Box 1120  
Colorado Springs, CO 80901-1120

Crown Chase  
2935 E 94th Ct Apt 815  
Tulsa, OK 74137-8722

Department of Education/Nelnet  
Attn: Claims  
PO Box 82505  
Lincoln, NE 68501-2505

Dillards  
5770 NW Expressway Ste 102  
Oklahoma City, OK 73132-5238

Dynamic Recovery Service  
135 Interstate Blvd  
Greenville, SC 29615-5720

Dynamic Recovery Solutions  
135 Interstate Blvd  
Greenville, SC 29615-5720

Equidata  
PO Box 6610  
Newport News, VA 23606-0610

ERC  
PO Box 23870  
Jacksonville, FL 32241-3870

Fingerhut  
351 Camino De La Reina  
San Diego, CA 92101

First National Bank/Legacy  
Attn: Bankruptcy  
PO Box 5097  
Sioux Falls, SD 57117-5097

First Premier Bank  
Attn: Bankruptcy  
PO Box 5524  
Sioux Falls, SD 57117-5524

First Savings Bank/Blaze  
Attn: Bankruptcy  
PO Box 5096  
Sioux Falls, SD 57117-5096

First Source Advantage LLC  
205 Bryant Woods S  
Amherst, NY 14228-3609

First Source Advantage LLC  
PO Box 628  
Buffalo, NY 14240-0628

Gateway One Lending & Finance  
175 N Riverview Dr Ste 100  
Anaheim, CA 92808-1225

Genesis  
PO Box 4477  
Beaverton, OR 97076-4401

Global  
PO Box 129  
Linden, MI 48451-0129

IC System  
PO Box 64378  
Saint Paul, MN 55164-0378

IC System Inc.  
PO Box 64378  
Saint Paul, MN 55164-0378

IC Systems  
PO Box 64437  
Saint Paul, MN 55164-0437

Internal Revenue Service  
Centralized Insolvency Operation  
PO Box 7346  
Philadelphia, PA 19101-7346

JP Morgan Chase Bank  
PO Box 64378  
Saint Paul, MN 55164-0378

LHR  
35A Rust Ln  
Boerne, TX 78006-8202

Love Beal & Nixon  
PO Box 32738  
Oklahoma City, OK 73123-0938

LTD FinancialServicesLimitedPartnership  
3200 Wilcrest Dr Ste 600  
Houston, TX 77042-6000

Lvnv Funding/Resurgent Capital  
Attn: Bankruptcy  
PO Box 10497  
Greenville, SC 29603-0497

Machol & Johannes LLC  
700 17th St Ste 200  
Denver, CO 80202-3558

Memorial Health System  
4050 Briargate Pkwy  
Colorado Springs, CO 80920-7815

Merrick Bank/Cardworks  
Attn: Bankruptcy  
PO Box 9201  
Old Bethpage, NY 11804-9001

Midland Credit Management Inc  
2365 Northside Dr Ste 300  
San Diego, CA 92108-2709

Millenium Financial Group  
5770 NW Expressway Ste 102  
Oklahoma City, OK 73132-5238

Northland Group, Inc.  
PO Box 390846  
Minneapolis, MN 55439-0846

Oklahoma Natural Gas  
PO Box 219296  
Kansas City, MO 64121-9296

Oklahoma Tax Commission  
Income Tax Accounts Section  
2501 N Lincoln Blvd  
Oklahoma City, OK 73194-1000

On Line Collections  
PO Box 1489  
Winterville, NC 28590-1489

Orchard Bank  
PO Box 60501  
City of Industry, CA 91716

Progressive  
11629 S 700 E Ste 250  
Draper, UT 84020-8399

Rausch Sturm Israel Enerson & Hornik LLC  
5200 S Yale Ave Ste 505  
Tulsa, OK 74135-7490

Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

Rooms for Today  
3500 S Sheridan Rd  
Tulsa, OK 74145-1107

Santander Consumer USA  
Attn: Bankruptcy 10-64-38-FD7  
601 Penn St  
Reading, PA 19601-3544

Security Finance  
Attn: Bankruptcy  
PO Box 1893  
Spartanburg, SC 29304-1893

Sequium Asset Solutions LLC  
1130 Northchase Pkwy SE Ste 150  
Marietta, GA 30067-6429

SNAP Finance  
PO Box 26561  
Salt Lake City, UT 84126-0561

St. John  
1923 S Utica Ave  
Tulsa, OK 74104-6520

St. John Clinic  
PO Box 14099  
Belfast, ME 04915-4034

Synchrony Bank  
Attn: Bankruptcy Dept  
PO Box 965060  
Orlando, FL 32896-5060

Target  
PO Box 660170  
Dallas, TX 75266-0170

Total Visa/Bank of Missouri  
Attn: Bankruptcy  
PO Box 85710  
Sioux Falls, SD 57118-5710

Tulsa Bone and Joint  
4802 S 109th East Ave  
Tulsa, OK 74146-5822

Tulsa Radiology  
PO Box 4939  
Tulsa, OK 74159-0939

United Recovery Systems  
PO Box 722929  
Houston, TX 77272-2929

Urologic Specialists  
10901 E 48th St  
Tulsa, OK 74146-5830

US Cellular  
2325 E 71st St  
Tulsa, OK 74136-5414

Velocity Investments  
PO Box 788  
Wall, NJ 07719-0788

Women's Health  
PO Box 268840  
Oklahoma City, OK 73126-8840

Works & Lentz Inc.  
1437 S Boulder Ave Ste 900  
Tulsa, OK 74119-3618

Certificate Number: 15317-OKN-CC-034008218



15317-OKN-CC-034008218

## CERTIFICATE OF COUNSELING

I CERTIFY that on January 27, 2020, at 1:36 o'clock PM PST, Michaela Slater received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Northern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 27, 2020 By: /s/Janice Morla

Name: Janice Morla

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

United States Bankruptcy Court Northern  
District of Oklahoma, Tulsa Division

In re	Case No.
<u>Morton-Slater, Michaela Lynn,</u>	Chapter <u>7</u>
Debtor(s).	

**PAYMENT ADVICES CERTIFICATION**

(NOTE: A separate form must be filed by each debtor in a joint case)

Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv), a debtor shall file copies of *all* payment advices or other evidence of payment (such as paycheck stubs, direct deposit statements, employer's statement of hours and earnings) received from the debtor's employer *within 60 days* before the date the debtor filed his/her bankruptcy case (the "petition date").\*

I, Morton-Slater, Michaela Lynn, hereby state as follows:

(debtor's name)

(select one)

[  ] I have attached hereto, or previously filed with the Court, copies of all payment advices or other evidence of payment received from my employer(s) within 60 days before the petition date.

Number of Employers:	<u>1</u>	Number of Payment Advices received:	<u>4</u>
Number of Payment Advices attached:	<u>4</u>		
Period Covered:	<u>4/24/20 to 6/10/20</u>		
<i>(If period covered is less than 60 days, attach an explanation.)</i>			

If the attached payment advices do not cover the entire 60-day period, describe any "other evidence of payment" that you intend to rely upon.

[  ] I received payment advices from an employer(s) during the 60 days before the petition date but have not yet located or obtained copies of all of the payment advices. I understand that if I do not file all payment advices or other evidence of payment within 45 days from the petition date, my bankruptcy case may be dismissed.

Number of Employers: \_\_\_\_\_ Number of Payment Advices attached: \_\_\_\_\_

Period Covered: \_\_\_\_\_

Number of missing Payment Advices: \_\_\_\_\_ Dates of missing Payment Advices: \_\_\_\_\_

[  ] I did not receive any payment advices or other evidence of payment from any employer at any point during the 60 days before the petition date. *(If you were employed, attach an explanation of why you did not receive any payment advices from your employer.)*

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge, information and belief.

Date: June 22, 2020

/s/ Michaela Morton-Slater

(Signature of Debtor)

Print name: Morton-Slater, Michaela Lynn

\* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

**BROOKHAVEN HOSPITAL INC**  
 201 S. GARNETT RD  
 TULSA, OK 74128-1800

CENTRAL NATIONAL BANK OF ENID  
 85-19  
 1031

**CHECK DATE**

06/10/2020

**CHECK NUMBER**

DIRDEP

**DIRECT DEPOSIT**

PAY... ZERO DOLLARS 00 CENTS

**DIRDEP**

8127 1695 851005 DIRDEP  
 TO **MICHAELA MORTON**  
 THE 2935 E. 94TH CT. #815  
 ORDER TULSA, OK 74137  
 OF:

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

**MICHAELA MORTON**

**BROOKHAVEN HOSPITAL INC**

201 S. GARNETT RD

TULSA, OK 74128-1800

EMPLOYEE 1695	DIVISION BRANCH	SOCIAL SECURITY NO. XXX-XX-XXXX	PERIOD BEGIN 05/16/2020	PERIOD END 05/31/2020	CHECK DATE 06/10/2020	VACATION F 17.101 DAYS PERSONAL H 0.000 DAYS
COMPANY 8127	DEPARTMENT 851005	HIRE DATE 10/17/2013	FED/ST. STATUS S3/S3 FT			
CHECK NO. DIRDEP						

**EARNSINGS**

**TAXES AND DEDUCTIONS**

DESCRIPTION	RATE	HOURS	CURRENT	YEAR TO DATE	LOCATION AND JOB OVERRIDES	DESCRIPTION	CURRENT	YEAR TO DATE
REGULAR	169800	5250	89145	1531598		FEDERAL W/H	5223	73181
OVERTIME				52215		OASDI	7624	91863
HOLIDAY	169800	800	13584	40752		MEDICARE	1783	21486
PERSONAL	169800	1600	27168	27168		STATE W/H OK	3300	42600
SICK				22074		AFLAC POST TAX	2450	26950
VACATION	169800	800	13584	33536		CHECKING - 3593	96940	1165492
MED125			-13500	-148500		401(K) LOAN	991	10901
DENTAL			-1446	-15906		LEADERS LIFE	1656	18216
401(K)			-3000	-31000				
401K MATCH -M			450	4650				
AFLAC PRE-TAX			-5110	-56210				
VISION PRETAX			-458	-5038				
<b>GROSS EARNINGS</b>		8450	119967	1450689		<b>TOTAL DEDUCTIONS</b>	119967	1450689
		143481	1707343	TRUE GROSS		<b>NET PAY</b>	96940	1165492

HAVEN HOSPITAL INC

ARNETT RD  
K174128-1800

ZERO DOLLARS 00 CENTS

8127 1695 851005 DIRDEP

MICHAELA MORTON  
2935 E. 94TH CT. #815  
TULSA, OK 74137

CENTRAL NATIONAL BANK OF ENID

86-10  
1031

CHECK DATE

05/22/2020

CHECK NUMBER

DIRDEP

DIRECT DEPOSIT

DIRDEP

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

A MORTON

BROOKHAVEN HOSPITAL INC

201 S. GARNETT RD  
TULSA, OK 74128-1800

DIVISION	SOCIAL SECURITY NO. XXX-XX-XXXX	PERIOD BEGUN 05/01/2020		VACATION F 17.476 DAYS PERSONAL H 2.000 DAYS
BRANCH	HIRE DATE 10/17/2013	PERIOD END 05/15/2020		
DEPARTMENT	FED/STATE STATUS S3/S3 FT	CHECK DATE 05/22/2020		

## EARNINGS

RATE	HOURS	CURRENT	YEAR TO DATE	LOCATION AND JOB OVERIDES	DESCRIPTION	CURRENT	YEAR TO DATE
169800	8625	146453	1442453		FEDERAL W/H	6628	67958
254700	275	7004	52215		DASDI	8453	84239
			27168		MEDICARE	1977	19703
169800	200	3396	22074		STATE W/H OK	3900	39300
			19952		AFLAC POST TAX	2450	24500
			-13500		CHECKING - 3593	107084	1068552
			-135000		401(K) LOAN	991	9910
			-1446		LEADERS LIFE	1656	16560
			-14460				
			-3000				
			450				
			-5110				
			-458				
NGS	9100	133339	1330722		TOTAL DEDUCTIONS	133339	1330722
		156853	1563862	TRUE GROSS	NET PAY	107084	1068552

BROOKHAVEN HOSPITAL INC  
201 S. GARNETT RD  
TULSA, OK 74128-1800

CENTRAL NATIONAL BANK OF ENID  
86-19  
1031

PAY... ZERO DOLLARS 00 CENTS

CHECK DATE  
05/08/2020

CHECK NUMBER  
DIRDEP

DIRECT DEPOSIT

DIRDEP

8127 1695 851005 DIRDEP

TO  
THE  
ORDER  
OR:  
MICHAELA MORTON  
2935 E. 94TH CT. #815  
TULSA, OK 74137

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

MICHAELA MORTON

BROOKHAVEN HOSPITAL INC

201 S. GARNETT RD  
TULSA, OK 74128-1800

EMPLOYEE 1695	DIVISION 8127	SOCIAL SECURITY NO. XXX-XX-XXXX	PERIOD BEGIN 04/16/2020	PERIOD END 04/30/2020	CHECK DATE 05/08/2020
COMPANY 8127	BRANCH DEPARTMENT	HIRE DATE 10/17/2013			
CHECK NO. DIRDEP		FED/ST. STATUS S3/S3 FT			

EARINGS

DESCRIPTION	RATE	HOURS	CURRENT	YEAR TO DATE
REGULAR	169800	8200	139236	1296000
OVERTIME	254700	125	3184	45211
HOLIDAY				27168
SICK				18678
VACATION	169800	800	13584	19952
NED125			-13500	-121500
DENTAL			-1446	-13014
401(K)			-3000	-25000
401K MATCH			-450	-3750
AFLAC PRE-TAX			-5110	-45990
VISION PRETAX			-458	-4122
<b>GROSS EARNINGS</b>		9125	132490	1197383
			156004	1407009
				TRUE GROSS

TAXES AND DEDUCTIONS		
DESCRIPTION	CURRENT	YEAR TO DATE
FEDERAL W/H	6726	61130
OASDI	8400	75786
MEDICARE	1965	17726
STATE W/H OK	3900	35400
AFLAC POST TAX	2450	22050
CHECKING - 3593	106402	961468
401(K) LOAN	991	8919
LEADERS LIFE	1656	14904
<b>TOTAL DEDUCTIONS</b>	132490	1197383
<b>NET PAY</b>	106402	961468

BROOKHAVEN HOSPITAL INC  
201 S. GARNETT RD  
TULSA, OK 74128-1800

CENTRAL NATIONAL BANK OF ENID

86-10  
1091

CHECK DATE

04/24/2020

CHECK NUMBER

DIRDEP

## DIRECT DEPOSIT

PAY... ZERO DOLLARS 00 CENTS

DIRDEP

8127 1695 851005 DIRDEP

TO MICHAELA MORTON  
THE 2935 E. 94TH CT. #815  
ORDER TULSA, OK 74137  
OF:

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

## MICHAELA MORTON

EMPLOYEE COMPANY 8127 CHECK NO DIRDEP	DIVISION BRANCH DEPARTMENT 851005	SOCIAL SECURITY NO. HIRE DATE 10/17/2013 FED/ST. STATUS S3/S3 FT	PERIOD BEGIN 04/01/2020 PERIOD END 04/15/2020 CHECK DATE 04/24/2020	BROOKHAVEN HOSPITAL INC	201 S. GARNETT RD TULSA, OK 74128-1800	VACATION F 17.226 DAYS PERSONAL H 2.000 DAYS		
<b>EARNINGS</b>								
<b>TAXES AND DEDUCTIONS</b>								
REGULAR OVERTIME HOLIDAY SICK VACATION MED125 DENTAL 401(K) 401K MATCH AFLAC PRE-TAX VISION PRETAX	169800 254700  169800  -13500 -1446 -3000 450 -5110 -458	8780 300  300  5094 -13500 -1446 -3000 450 -5110 -458	148575 7641  5094 -13500 -1446 -3000 450 -5110 -458	1156764 42027 27168 18678 6368 -108000 -11568 -22000 3300 -40880 -3664	LOCATION AND JOB OVERRIDES	DESCRIPTION FEDERAL W/H OASDI MEDICARE STATE W/H OK AFLAC POST TAX CHECKING - 3593 401(K) LOAN LEADERS LIFE	CURRENT 7363 8729 2042 4200 2460 110365 991 1656	YEAR TO DATE 54404 67386 15761 31500 19600 855066 7928 13248
GROSS EARNINGS	9350	137796	1064893		TOTAL DEDUCTIONS	137796		
	161310	1251005	TRUE GROSS		NET PAY	110365		
						855066		

**United States Bankruptcy Court**  
**Northern District of Oklahoma, Tulsa Division**

In re Morton-Slater, Michaela Lynn

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>999.00</b>
Prior to the filing of this statement I have received .....	\$ <b>999.00</b>
Balance Due .....	\$ <b>0.00</b>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Adversary proceedings; any additional hearings beyond the first 341 meeting of creditors; negotiations for debtor offers to redeem property from the estate.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 22, 2020

*Date*

/s/ Mark Robinson

**Mark Robinson**

*Signature of Attorney*

**Robinson Law Offices PC**

**9175 S Yale Ave Ste 250**

**Tulsa, OK 74137-4043**

**(918) 960-0091 Fax: (918) 346-6600**

**mrobinson0228@gmail.com**

*Name of law firm*

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245	filin	g fee
\$75	admi	nistrative fee
+ \$15	trus	tee surcharge
\$335 total fee		

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*— deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+	\$550    administrative fee
	\$1,717    total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

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**Chapter 12: Repayment plan for family farmers or fishermen**

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+	\$200	filing fee
	\$75	administrative fee
	<b>\$275</b>	<b>total fee</b>

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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**Chapter 13: Repayment plan for individuals with regular income**

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+	\$235	filing fee
	\$75	administrative fee
	<b>\$310</b>	<b>total fee</b>

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint* case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.